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PTO/SB/21 (05-03)  
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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

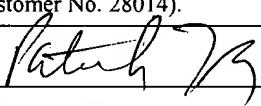
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/898,321
		Filing Date	07/02/2001
		First Named Inventor	Robert A. Street
		Art Unit	2815
		Examiner Name	P.E. Brock II
Total Number of Pages in This Submission	36	Attorney Docket Number	A0682 (XC-004)

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Change In Entity Status <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; padding: 5px; height: 40px; margin-top: 5px;">Return Receipt Postcard</div>
Remarks		

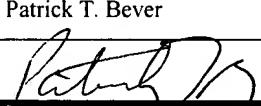
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### SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Patrick T. Bever, Reg. No. 33,834, BEVER, HOFFMAN & HARMS, LLP (Customer No. 28014).
Signature	
Date	October 1, 2003

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Patrick T. Bever
Signature	
Date	October 1, 2003

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



# FEES TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 C.F.R. § 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** 330.00

### Complete if Known

Application Number	09/898,321
Filing Date	07/02/2001
First Named Inventor	Robert A. Street
Examiner Name	P.E. Brock II
Art Unit	2815
Attorney Docket Number	A0682 (XC-004)

### METHOD OF PAYMENT (check one)

1.  The Director is authorized to charge indicated fees and credit any over payments to:

Deposit Acct. No. **24-0037 (Docket No. A0682)**

Deposit Acct Name **Xerox Corporation**

Charge Any Additional Fee Required Under 37 CFR § 1.16 & 1.17

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385
1002	2002	340	170
1003	2003	530	265
1004	2004	770	385
1005	2005	160	80
<b>SUBTOTAL (1)</b>			

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims	$-20^{**} =$	
Independent Claims	$-3^{**} =$	
Multiple Dependent		

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	18
1201	2201	86
1203	2203	290
1204	2204	86
1205	2205	18
<b>SUBTOTAL (2)</b>		

#### 3. ADDITIONAL FEES

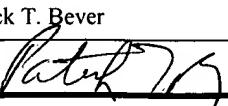
Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	420	210
1253	2253	950	475
1254	2254	1,480	740
1255	2255	2,010	1,005
1401	2401	330	165
1402	2402	330	165
1403	2403	290	145
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,330	665
1501	2501	1,330	665
1502	2502	480	240
1503	2503	640	320
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	770	385
1810	2810	770	385
1801	2801	770	385
1802	1802	900	900
Other fee (Specify) _____			

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** **(\$)** 330.00

### SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Patrick T. Bever	Registration No. (Attorney/Agent)	33,834	Telephone	(408) 451-5902
Signature				Date	October 1, 2003

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